



# New Hampshire Liquor Commission Bureau of Enforcement



## Medical Clearance Report

PRINT APPLICANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

The above individual is being asked to take part in a fitness assessment program as part of an overall process to become a police officer. The fitness assessment involves sub-maximal measurements of cardio respiratory fitness (1.5 mile run), muscular endurance and absolute strength of arms and chest (push ups and bench press), and muscular endurance of the abdomen (sit-ups). The assessment scores are listed below as determined from normative data collected by Dr. Kenneth Cooper Aerobic Institute of Dallas, Texas.

### MINIMUM STANDARDS FOR CANDIDATES WHO ARE FULL

↓ TIME CERTIFIED POLICE OFFICERS: ↓

MALES				
AGE	BENCHPRESS *	SIT UPS	PUSH UPS	1.5 MI RUN
20-29	.96	37	27	12:53
30-39	.86	33	21	13:25
40-49	.78	28	16	14:10
50-59	.70	22	11	15:53

FEMALES				
AGE	BENCHPRESS *	SIT UPS	PUSH UPS **	1.5 MI RUN
20-29	.58	31	22 (mod) 14 (FB)	15:32
30-39	.52	24	17 (mod) 10 (FB)	16:43
40-49	.48	19	11 (mod) 8 (FB)	17:38
50-59	.43	12	10 (mod)	19:43

### MINIMUM STANDARDS FOR CANDIDATES WHO ARE NOT FULL

↓ TIME CERTIFIED POLICE OFFICERS: ↓

MALES				
AGE	BENCHPRESS *	SIT UPS	PUSH UPS	1.5 MI RUN
20-29	1.06	40	33	12:18
30-39	.93	37	27	12:51
40-49	.84	31	21	13:53
50-59	.75	26	15	14:55

FEMALES				
AGE	BENCHPRESS *	SIT UPS	PUSH UPS	1.5 MI RUN
20-29	.65	35	26	14:55
30-39	.57	27	21	15:26
40-49	.52	22	15	16:27
50-59	.45	17	14	17:29

\*The weight that a candidate is required to bench press is computed as follows: Candidate's body weight multiplied by the decimal found in the applicable age column.

\*\* Full time certified females may choose to perform either full body or modified push ups.

By completing this form, you are not assuming any responsibility for our assessment program. If, however, you know of any reason why the participant should not undertake the basic assessment of the fitness as listed above, we would be most grateful if you could indicate that below. Thank you for your cooperation in this matter.

I have examined the above captioned applicant on the following date \_\_\_\_\_ and

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I recommend that the applicant **NOT PARTICIPATE**.

Signature of Health Care Provider: \_\_\_\_\_

Name and Address of Health Care Provider: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider's Phone Number: \_\_\_\_\_